								Application or Docket Number				
PÂTENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000									'D91'	70)//0	*
CLAIMS AS FILED - PART I									YTITY	7	OTHER	THAN
(Column 1) (Column 2)								YPE [QR	SMALL	
TOTAL CLAIMS			60					RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		8	ASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			60 minus 20=		· L			X\$ 9=		OR	X\$18=	720
INDEPENDENT CLAIMS			16 minus 3 =			3 [X40=		OR	X80=	104/5
MULTIPLE DEPENDENT CLAIM PRESENT							l	+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2							Ļ	TOTAL		OR	TOTAL	247
CLAIMS AS AMENDED - PART II									· · · · · · · · ·	4	OTHER	THAN
	(Column 1) (Column 2) (Column 3)							SMALL ENTITY		OR	SMALL E	YTITM
MTA	•	CLAIMS REMAINING AFTER AMENDMENT	•	HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
OME	Total	.61	Minus	(2	=		X\$ 9=		OR	X\$18=	50
AMENDMENT	Independent	• 17	Minus	•••	16	= '/		X40=		OR	_X80≦	200
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=	
BEST AVAILABLE COPY								TOTAL	H		TOTAL ADDIT, FEE	25/
(Column 1) (Column 2) (Column 3)								DDIT. FEE		5	ADDIT. FEC	
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGI NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT B	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***	T 0: 4:4:	=		X40=		OR	X80=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+270=	
								TOTAL		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)										_		
AMENDMENT C	•	CLAIMS REMAINING AFTER AMENDMENT		HIGI NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MON	Total	•	Minus	••		=		X\$ 9≖		OR	X\$18=	
2	Independent	•	Minus	***		=	Įľ	X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										070	
+135= • If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+270=	ļ
•	" If the entry in column 1 is less than the entry in column 2, write "of in column 3. " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ADDIT. FEE ADDIT. FEE											
	The "Highest Nu	mber Previously r nhor Provincely Pa	ed For (Total o	o orace Indepen	dant) is the	highest numb	er four	nd in the ar	propriate bo	x in co	dumn 1.	